



STATE OF MARYLAND

DMMH

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January 28, 2009

Public Health & Emergency Preparedness Bulletin: # 2009:03 Reporting for the week ending 01/24/09 (MMWR Week #03)

CURRENT HOMELAND SECURITY THREAT LEVELS

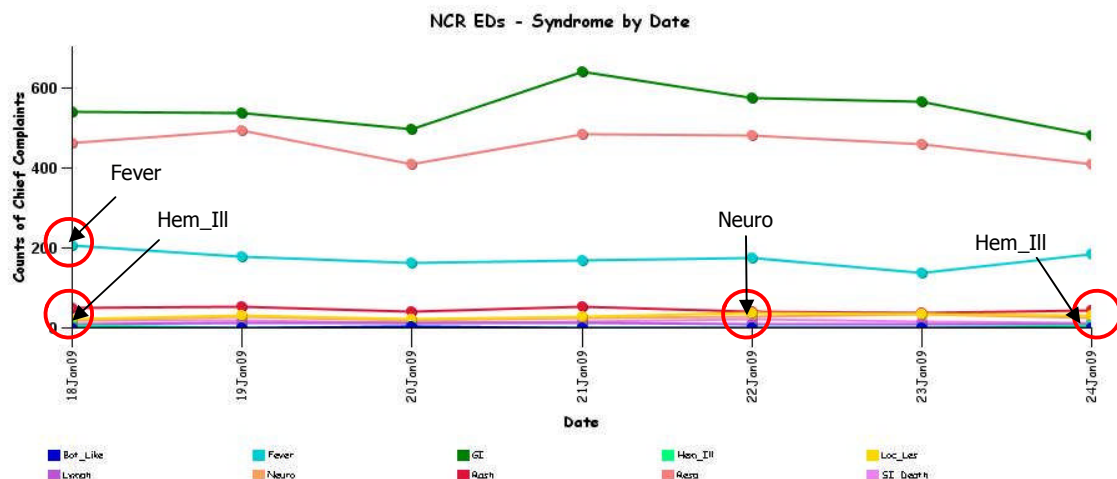
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

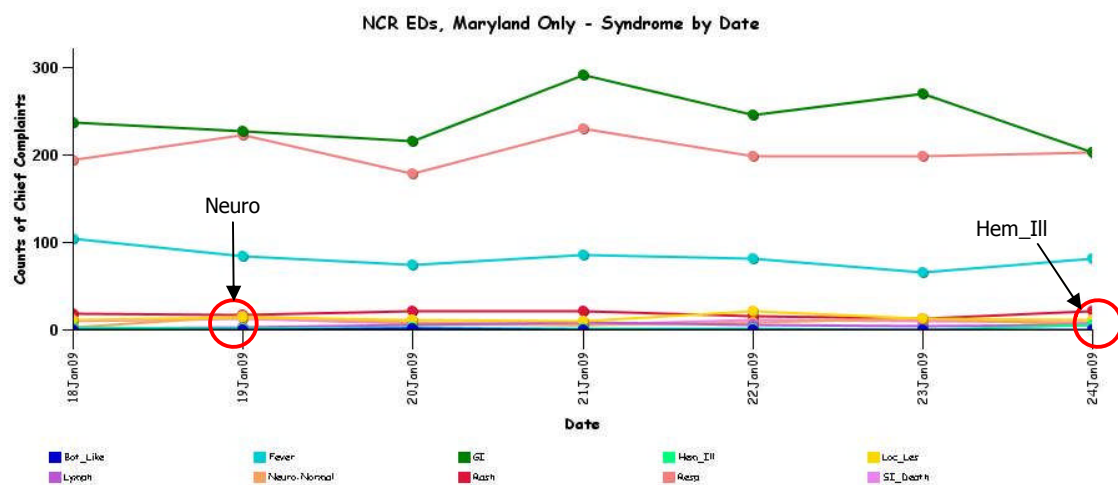
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

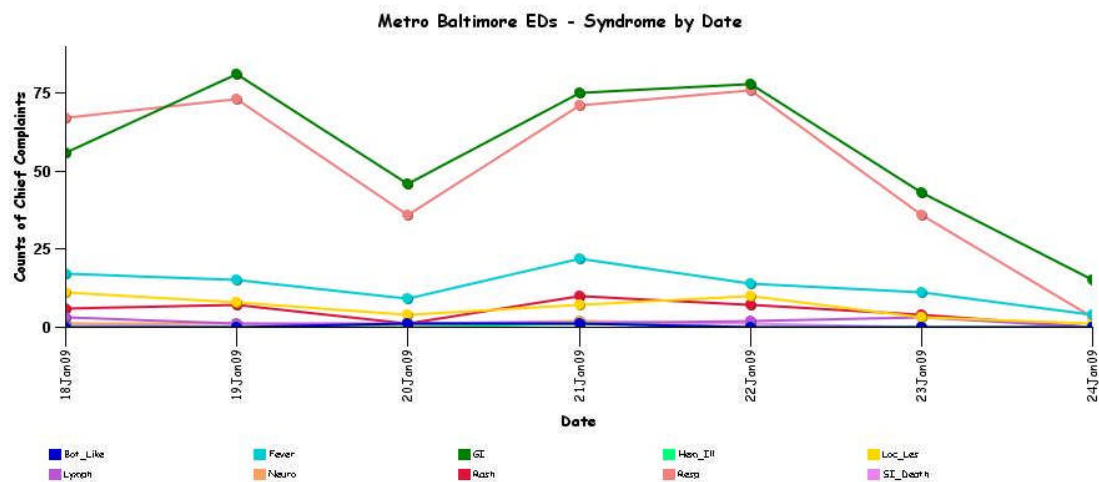
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.

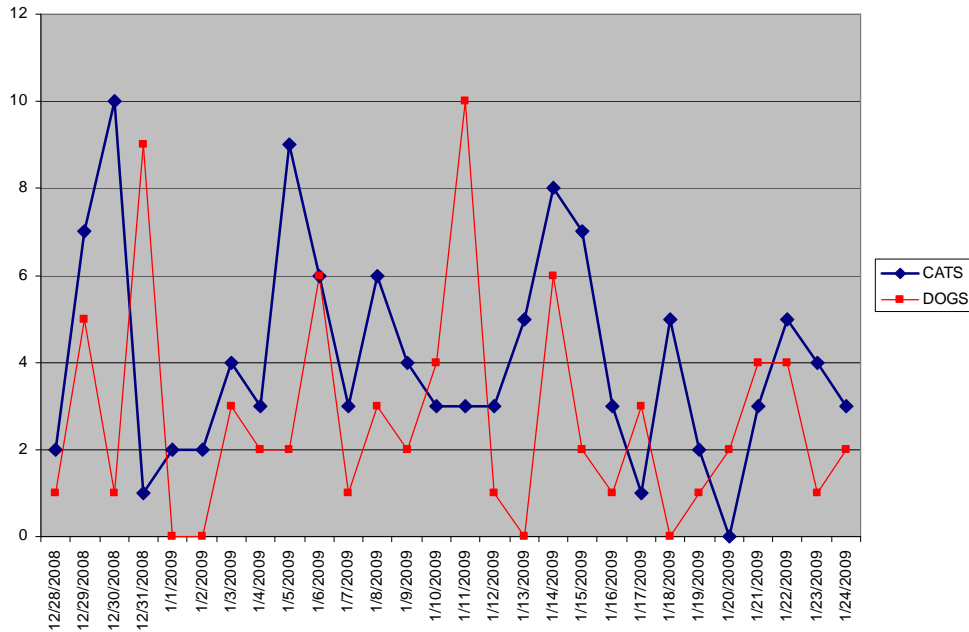


* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

****NOTE: Not all data for Metro Baltimore hospitals was available for January 20 and 24 due to technical issues****

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

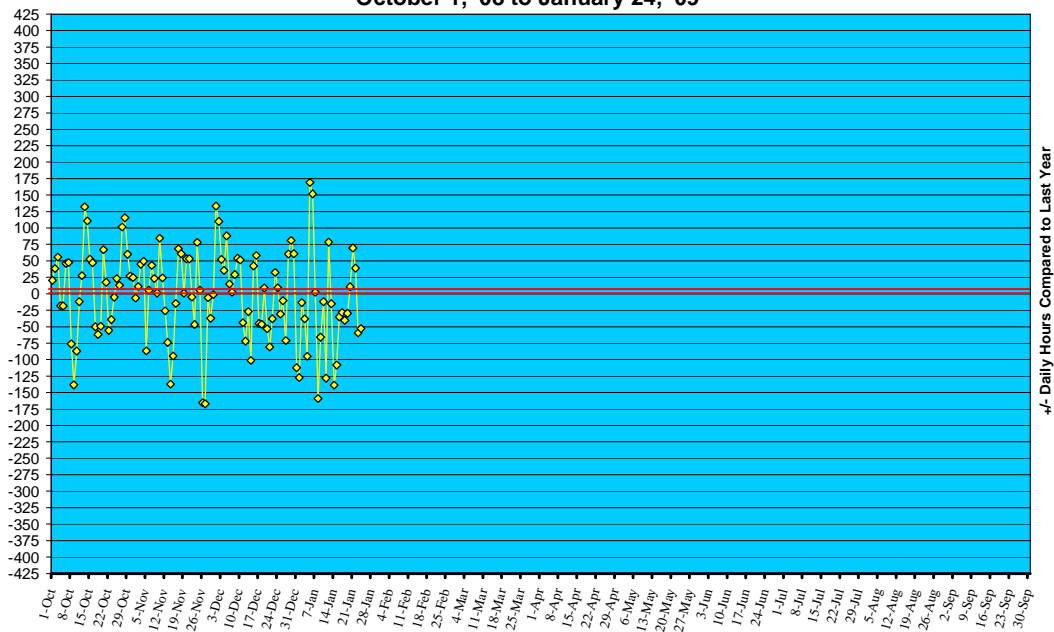
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '08 to January 24, '09**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Jan 18 to Jan 24, 2009):	6	0
Prior week (Jan 11 to Jan 17, 2009):	14	0
Week#3, 2008 (Jan 13 to Jan 19, 2008):	9	0

OUTBREAKS: 18 outbreaks were reported to DHMH during MMWR Week 3 (Jan. 18- Jan. 24, 2009):

14 Gastroenteritis outbreaks

- 9 outbreaks of GASTROENTERITIS associated with Nursing Homes
- 3 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities
- 1 outbreak of GASTROENTERITIS associated with a Residential Facility
- 1 outbreak of GASTROENTERITIS associated with a Daycare Facility

2 Foodborne Illness outbreaks

- 1 outbreak of FOODBORNE GASTROENTERITIS associated with a Hotel
- 1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant

1 Respiratory illness outbreak

- 1 outbreak of PNEUMONIA associated with a Nursing Home

1 Rash illness outbreak

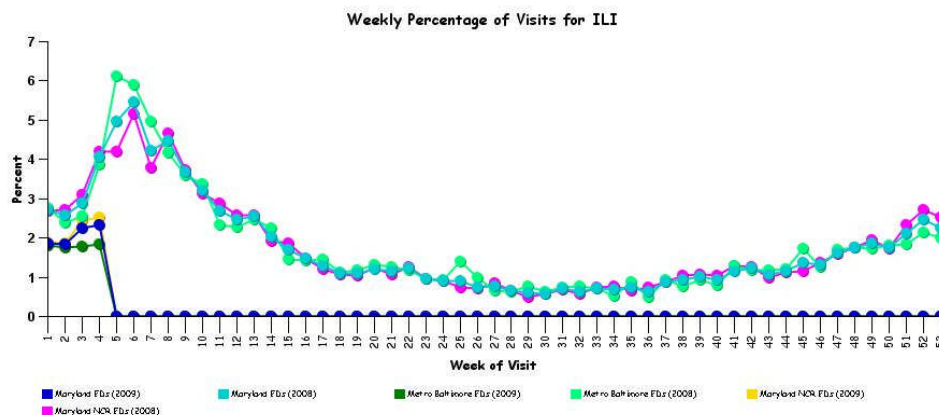
- 1 outbreak of SCABIES associated with a Nursing Home

MARYLAND SEASONAL FLU STATUS:

Influenza activity in Maryland for Week 03 is LOCAL. During week 03, 66 confirmed cases of influenza were reported to DHMH.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of January 24, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 399, of which 252 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, H5, POULTRY (Canada): 24 Jan 2009, Tests have confirmed an outbreak of bird flu at a turkey farm near Vancouver, but it appeared to be a less virulent strain and posed little risk to humans, officials said on 24 Jan. More than 50,000 birds on the Abbotsford, British Columbia, farm will be destroyed to ensure the avian influenza virus does not spread to other farms, the Canadian Food Inspection Agency (CFIA) said. Tests on sickened birds showed they had H5 avian influenza, but it will be another day or more before the exact strain of the virus is known and its pathogenicity, the agency said. Preliminary tests indicated that it was a low pathogenic strain, it said. "Nobody has been infected by the virus," said Elizabeth Brodtkin, medical officer of the Fraser Health Authority. Twenty-three farms within 3 km of the farm in British Columbia's Fraser Valley are under a quarantine as officials check to make sure their flocks have not been infected. Officials said the farm had followed all the rules designed to stop and control the disease. The area had bird flu outbreaks in 2004 and 2005. There were no human illnesses in either outbreak.

AVIAN INFLUENZA, HUMAN (China): 24 Jan 2009, A woman in China's far west has died from the H5N1 strain of bird flu, the Health Ministry said on 24 Jan, the country's 4th death from the virus this year as the biggest festive season approaches. The victim, a 31-year-old woman from Urumqi, the capital of the Xinjiang region, had been to a live poultry market before she fell ill on 10 Jan 2009, the official Xinhua News Agency reported, citing Wang Xiaoyan, a deputy director of the regional health department. She died on Friday 23 Jan 2009. A woman in eastern China, a teenage boy in southwest China and a woman in Beijing have also died from the disease this month. A 2-year-old girl was also sickened with H5N1 but recovered. The Health Ministry said her mother, who like the toddler went to a live poultry market, had died of pneumonia in early January. Doctors said they could not confirm the cause of death. China launched a daily bird flu reporting system for poultry and human cases Thursday 22 Jan 2009, underscoring its concerns about potential epidemics. Provincial health and agriculture departments must report to the Health Ministry, Agriculture Ministry and the State Administration for Industry and Commerce every day on whether there have been infections in their areas. The Agriculture Ministry has also ordered increased monitoring and management of live poultry markets, especially before next week's Lunar New Year holiday, when people will have more contact with chickens and ducks while preparing celebratory meals. Despite the new cases, the Health Ministry has said there was no evidence of a large-scale outbreak of bird flu. It said the illnesses were isolated, unrelated and did not show significant mutations of the H5N1 virus. They also occurred during the cold months, which experts have determined are high season for infections, it said.

AVIAN INFLUENZA, HUMAN (Indonesia): 22 Jan 2008, The Ministry of Health of Indonesia has announced 2 new confirmed cases of human infection with the H5N1 avian influenza virus. A 29-year-old female from Tangerang District, Banten Province developed symptoms on 11 Dec 2008, was hospitalized on 13 Dec 2008 and died on 16 Dec 2008. The investigation indicated that she visited a wet market to buy fresh produce, including chicken meat, on a daily basis. Household contacts were placed under medical observation, and none developed illness. The 2nd case, a 5-year-old female from Bekasi City, West Java Province developed symptoms on 23 Dec 2008, was hospitalized on 27 Dec 2008 and died on 2 Jan 2009. The investigation indicated that she visited a wet market to buy chicken meat and eggs 2 days prior to symptom onset. Contacts were placed under medical observation, and none developed illness. Laboratory tests confirmed the presence of the H5N1 avian influenza virus in both cases. Of the 141 cases confirmed to date in Indonesia, 115 have been fatal.

AVIAN INFLUENZA (India): 19 Jan 2009, There has been an outbreak of bird flu in the Ravangla area of Sikkim's south district, Minister for Food, Civil Supplies and Animal Husbandry K. Subba, said on 19 Jan. "Samples of 33 dead poultry birds had been sent to the High Security Disease Laboratory in Bhopal for tests. That the deaths were caused by bird flu was officially confirmed on Sunday 18 Jan 2009," Ms. Subba said. Steps are being taken for the culling of birds in the affected region. "There is a proposal for destroying about 20,000 birds, but since there is no report of the disease spreading, we will determine the final numbers to be culled after 2 or 3 days," she added. Steps are also being taken to prevent the supply of poultry products from the Ravangla area to other parts of the state. "We have already banned all imports of poultry birds from other states since bird flu was reported in Assam more than a month ago," Ms. Subba said.

AVIAN INFLUENZA, LOW PATHOGENIC AVIAN INFLUENZA H5N3 (Germany, Poland): 18 Jan 2009, The total number of outbreaks detected in Lower Saxony, Germany is now 30. The latest was confirmed on 14 Jan. To date, around 475,000 turkeys have been culled. All outbreaks except one have occurred on turkey farms. On 29 Dec, Poland reported suspicion of disease in turkeys on a poultry farm in Goleniowski region. Samples were taken from 10 dead turkeys, and initial laboratory tests were weakly positive, although subsequent samples from other birds on the holding were negative. Nevertheless, Poland put disease control measures in place, and the birds (nearly 20,000) were culled on

4 Jan. The strain involved in the outbreaks in Germany is causing very few or no clinical signs, but it does appear to spread quickly. At this stage, we consider that this incident in Germany does not change the continuous ongoing low risk of LPAI (and similarly HPAI) being detected over a wider geographic area of the EU, including the UK. So far, there is no indication that the strain has the potential to mutate to a HPAI strain.

NATIONAL DISEASE REPORTS:

SALMONELLOSIS, SEROTYPE TYPHIMURIUM, PEANUT BUTTER (USA): 21 Jan 2009. As of 20 Jan 2009, 486 persons infected with the outbreak strain of *S. Typhimurium* have been reported from 43 states. The number of ill persons identified in each state is as follows: Alabama (1), Arizona (10), Arkansas (4), California (62), Colorado (12), Connecticut (9), Georgia (6), Hawaii (3), Idaho (11), Illinois (5), Indiana (4), Iowa (2), Kansas (2), Kentucky (3), Maine (4), Maryland (8), Massachusetts (42), Michigan (25), Minnesota (35), Missouri (9), Mississippi (3), Nebraska (1), New Hampshire (11), New Jersey (19), New York (18), Nevada (5), North Carolina (4), North Dakota (10), Ohio (65), Oklahoma (2), Oregon (7), Pennsylvania (14), Rhode Island (4), South Dakota (2), Tennessee (9), Texas (6), Utah (5), Vermont (4), Virginia (20), Washington (13), West Virginia (2), Wisconsin (3), and Wyoming (2). Additionally, one ill person was reported from Canada. Among the persons with confirmed, reported dates available, illnesses began between 8 Sep 2008 and 8 Jan 2009. Patients range in age from less than 1 to 98 years; 48 percent are female. Among persons with available information, 22 percent reported being hospitalized. Infection may have contributed to 6 deaths. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, UNEVISERATED FISH, RECALL (New York, New Jersey): 20 Jan 2009, K-Fat Inc., Brooklyn, NY is recalling "Golden Dragon Fish brand Frozen Cooked Mackerel Fish" because the product was found to be uneviscerated prior to processing. It was discovered by New York State Department of Agriculture and Markets Food Inspectors during a routine inspection. This product may be contaminated with *Clostridium botulinum* spores, which can cause botulism, a serious and potentially fatal food-borne illness. The sale of this type of fish is prohibited under New York State Agriculture and Markets regulations because *Clostridium botulinum* spores are more likely to be concentrated in the viscera than any other portion of the fish. Uneviscerated fish has been linked to outbreaks of botulism poisoning. The recalled "Golden Dragon Fish brand Frozen Cooked Mackerel Fish" comes in an uncoded 250G plastic bag and basket and is a product of Vietnam. "Golden Dragon Fish brand Frozen Cooked Mackerel Fish" was sold in New York and New Jersey. No illnesses have been reported to date in connection with this problem. Consumers who have "Golden Dragon Fish brand Frozen Cooked Mackerel Fish" are advised not to eat it, and return it to the place of purchase. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

EBOLA HEMORRHAGIC FEVER (Democratic Republic of the Congo): 24 Jan 2009, All patients have been discharged from the Doctors Without Borders/ Medecins Sans Frontieres (MSF) isolation center in Kampungu Western Kasai province, in central Democratic Republic of Congo, where they were being monitored for Ebola hemorrhagic fever. The patients no longer presented symptoms and were in good overall health. Since the last confirmed Ebola patient died, on 1 Jan 2009, all suspected patients' samples were analyzed and tested negative. Patients who were brought into the isolation center stopped presenting symptoms after a few days and no casualties occurred. The 3 patients who were admitted last week [12-16 Jan 2009] were also discharged as their tests came back negative. "We can say that for now the outbreak is under control," said Rosa Crestani, from the MSF emergency unit based in Brussels. "Until yesterday, MSF teams were still monitoring around 100 people who had been in contact with others suspected of or confirmed as having Ebola, in order to prevent further possible transmission of the disease. However, it has been 21 days since the last confirmed Ebola case, which is the longest incubation period known. This means that the contact people are not infected with the virus. "On the other hand, one man who had been in the forest died yesterday and presented some symptoms that make him a suspect case," added Crestani. "The MSF teams are therefore on stand-by; the isolation center remains open and they are ready to respond to new cases, should they occur." Samples from the deceased man have been taken and will be analyzed over the weekend. To date, 48 patients have shown symptoms of Ebola hemorrhagic fever. A total of 7 patients have tested positive for the Ebola virus after sample analysis in laboratories. Of the 7 confirmed cases, 2 have died. The 41 remaining patients were all suspected cases, of whom 12 have died. MSF arrived in Kasai Occidental on 23 Dec 2008 after an Ebola outbreak was declared. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

LASSA FEVER (United Kingdom): 23 Jan 2009, A patient is being treated in hospital for Lassa fever, a health watchdog said. The patient traveled in Nigeria before returning to the United Kingdom (UK) and is now being treated at the high security infectious diseases unit at the Royal Free Hospital in north London. The Health Protection Agency (HPA) said the patient, whose gender is not being disclosed, represented an isolated case and there was no risk to the general public. Lassa fever is caused by Lassa virus and is endemic in Nigeria, Sierra Leone, Liberia, Guinea and the Central African Republic. Around 8 in 10 people infected with Lassa virus develop mild or no symptoms, but in 20 percent of cases people will have severe illness. Symptoms include fever, headache, sore throat, a cough, nausea, vomiting, diarrhea and muscle pain. Around 2 percent of all patients die from the illness. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

EBOLA-RESTON, PORCINE (PHILIPPINES): 23 Jan 2009, At least one person has tested positive for the Ebola-Reston virus in the Philippines, where the disease has broken out in pigs at 2 farms north of the capital, the government said on 23 Jan. Health Secretary Francisco Duque told a news conference that there was little immediate health risk but experts warned the virus's jump to humans was a concern. "This presents a negligible risk to human health," Duque said. Experts from the World Health Organization (WHO), World Organization for Animal Health (OIE), and the Food and Agriculture Organization (FAO), all UN agencies, ended a 10-day field test at the 2 farms over the weekend after Ebola-Reston was found there last year [2008]. It is the 1st time the virus has been found outside monkeys and the 1st time it has been found in pigs. The virus had previously jumped from monkeys to humans but it is the 1st case of a jump from hogs. Duque said at least 50 workers in the 2 farms were exposed to the virus, but only one person tested positive. This person had not shown any symptoms, he said. Experts said the jump was a concern even if the Ebola-Reston strain of the virus is not as deadly as other strains of the virus, which can cause incurable hemorrhagic fever and have a mortality rate of 25 to 90 percent. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

FOOD POISONING, SODIUM NITRATE SUSPECTED (Russia): 21 Jan 2009, In Verkhnyaya Pyshma of Sverdlovsk province 6 builders were hospitalized in the intensive care unit and one of them died. The emergency car discovered 6 builders from Uzbekistan in almost unconscious condition near the building site. They were cooking macaroni and used some white crystal-like powder as a salt. The substance is under investigation and the hypothesis is that it might be a nitrate of sodium. According to the head of the investigation, all 6 builders felt malaise right after dinner, they were hospitalized, and one died. This case is under medical evaluation and the substance is also being investigated. According to a preliminary hypothesis, the builders used a popular anti-freeze substance used for concrete - nitrate sodium [sodium nitrate] - instead of salt. In May 2003 a poisoning outbreak with 4 deaths was reported, and in 1997 there were 8 deaths. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, MARINATED MUSHROOMS (Kazakhstan): 20 Jan 2009, According to data from Ministry of Emergency Situations, 2 women that were residing in South Kazakhstan province, in a village called Tyulkubas, died as a result of botulism. According to the province's Sanitary Epidemiological Surveillance centre, on 6 Jan, 4 residents of Tyulkubas village were hospitalized with a diagnosis of botulism. Out of the 4, 2 women died on 11 and 16 Jan. The other patients are in satisfactory condition. According to the doctors, the patients could have been poisoned by marinated mushrooms. Laboratory samples for analysis were taken from all patients and all had anti-botulism serum injected. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS (Brazil): 20 Jan 2009, Some 800 people, including patients, doctors and visitors, fell ill on 16 Jan after consuming food in a hospital in Palmas, in north central Brazil, Brazilian media reported. These people showed symptoms of poisoning after consuming food on 15 Jan in the General Hospital of Palmas, the main medical center of Tocantins state. Experts from the Epidemiological and Health Surveillance would inspect the hospital to find out what caused the poisoning. Meals in the hospital are prepared by a company contracted by the state's Department of Health. The same company is also in charge of the hospital's cleaning. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

PLAGUE, FATAL (Algeria): 19 Jan 2009, A number of al-Qaida militants in training have been killed by plague. At least 40 al-Qaida followers have died since the disease swept through a training camp in Algeria, as was reported on 19 Jan. The deaths became known when security forces found a body beside a road. According to United Press International, the victims were associated with "al-Qaida in the Land of the Islamic Maghreb," the largest and most powerful al-Qaida group outside the Middle East. Al-Qaida leaders said they fear the plague has spread to other cells or to Taliban fighters in Afghanistan. The epidemic began in the hideouts of AQLIM (al-Qaida in the Land of the Islamic Maghreb) in Algiers, sources said. The group fled to Bejaia and Jijel provinces. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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